Research Capacity Strengthening

by

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for

Science paper

and for

One of four core research cluster chapters, including:
Science and Technology for Disease Control, Weatherall/Greenwood et al
Research Priorities, Bloom/Michaud et al
Product Development Priorities, Mahmoud/Danzon et al

Disease Control Priorities Project (DCPP)

Anne Mills

[Disease Control Priorities in Developing Countries, DCP2]
ed. by
Dean T. Jamison
George Alleyne
Joel Breman
Miriam Claeson
David B. Evans
Prabhat Jha
Anthony R. Measham

Outline on Research Capacity Strengthening

I. Key principles:

- **Vision:** Importance of *Health* as a unifying human value, transcending all geographic, cultural and political barriers. It provides both an unassailable *compass* or goal (largely attainable with existing resources) and as a *measure* of how well we are reaching that goal.
- **Invest in** *people***,** who exhibit vision and excellence, and who learn leadership as well as science and technology.
- Must engage rich as well as poor countries to:
- Build sustained collaborations with shared vision and mutual benefits.
- **Engage all disciplines** *throughout* top Universities and Research Institutions in a collaborative network.

II. Examples:

- **AIDS** (AIRT, Partners in Health, IDSA-Pfizer Uganda program, other)
- Other relevant research training (ITREID, ABC, GIDRT, etc.)
- NIH/NIAID/ICIDR programs
- WHO/TDR
- Others (MRC-Gambia, ICDDR-B, etc)

III. The Future:

Build a Network of interacting Trans-University/Institution Centers for Global Health; such as:

- Fogarty Center
- University Centers for Global Health (give examples; as listed by Emmy Cauthen)

Linking top research institutions and universities to:

- Train student scholars (including undergraduate and graduate students across all disciplines),
- Train promising junior faculty fellows,
- Develop curricula addressing global health priorities.



Center for Global Health

To ameliorate the diseases of poverty

CONCEPT SHEET

Building Health as our Compass: A Network of Trans-University Centers for Global Health

To engage experts and students across all disciplines in building sustained collaborations at top universities and their communities around the world to ameliorate the diseases of poverty.

Founding principles

- Health is a universal human value, transcending all cultural, geographic and political barriers (no one prefers illness to health).
- Growing health disparity and the diseases of poverty around the world threaten both our biological survival and our very humanity as civilized societies.
- Tremendous societal resources reside in universities worldwide. Engaging universities in addressing health disparities will not only tap these resources for global health, but will also enhance their educational mission.

Three components

- **1. Scholars** Mentored students (esp. in developed countries) work on a project abroad, ideally building collaborations at existing or new collaborating sites. Students' perspectives are indelibly opened, often saying, "It changed my life!"
- 2. Fellows Star junior faculty from less developed areas (LDCs) selected by their home institution travel to collaborating sites to engage faculty in research that is relevant to their return and continued collaboration. LDC faculty with a relevant agenda, home institutional commitment and promising new tools and sustained ties will return to become leaders in their countries.
- **3. Curricula** Issues of global health are addressed in new university courses that involve exchanging scholars and fellows to elucidate the crucial perspectives of colleagues from abroad.

Cost:

10 DC Centers for Global Health at \$250k/yr \$2.5m 15 LDC Centers for Global Health at \$100k/yr \$1.5m Network of 25 Centers for Global Health \$4 m/yr

Requirements:

- Letter from University President committing in kind and fiscal matching support;
- Over a key 3-year initial startup period, evidence of progress toward endowment or government support (for overseas sites) before years 4 and 5 are funded.

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